

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>	Federal Bureau of Prisons FCI Danbury		
<b>Physical address:</b>	33 ½ Pembroke Station, Danbury Connecticut 06811		
<b>Date report submitted:</b>	September 20, 2014		
<b>Auditor Information</b>			
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<b>Date of facility visit:</b>	September 16-19, 2014		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number:</b>	203-743-6471		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b>	<b>Federal Bureau of Prisons</b>		
<b>Governing authority or parent agency:</b>	<b>U.S. Department of Justice</b>		
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## AUDIT FINDINGS

### NARRATIVE:

On September 16-19, 2014 an audit was conducted at the Federal Correctional Institution – Danbury to determine compliance with the Prison Rape Elimination Act standards finalized in 2012.

A complete tour of the facility, which included the FCI and the FPC was conducted on September 16<sup>th</sup> & 17<sup>th</sup>, 2014. The following areas and operations were visited and observed: Offender Housing areas, Food Service, Commissary, Power House, UNICOR, Business Office, Education, Laundry, Recreation, Religious Services, SHU, Health Services/Medical, Control Center, Visiting area, Records Office, Warehouse, Safety Department, Facility Maintenance Operations, Administrative Offices, Armory/Lock shop, Psychological Services, Outside Construction, and the Sipe Training Center.

Documents that the auditor reviewed for this audit included, but were not limited to: Policies, Institutional Supplements, Staff Training Records, Volunteer Training Records, Training Outlines and Curriculums, Sexual Abuse and Harassment complaints (2), SHU Logs, Unannounced Rounds Logs, and SHU Unit Officer rounds. The auditor, on the first day of the audit, Randomly selected staff and inmates from rosters supplied by facility staff, prior to the conduct of the audit. The interviews were conducted with the following: Warden, PREA Compliance Manager (Facility), Medical staff, Human Resources Manager, Case & Unit Team Managers, Corrections Officers from all areas of the facility, and from all shifts, Correctional Supervisors, Staff from the SIS Department, SIS Supervisor, Staff who are involved in the intake and screening process, Specialized Staff, 24 randomly selected inmates, one inmate, designated as disabled or limited English proficient. The Agency Head and the Agency PREA Coordinator were not interviewed as they participated in an interview at a previous BOP PREA audit. There were no inmates at the facility who had made alleged complaints of sexual abuse or harassment. In addition, during the tour of the facilities, the auditor randomly spoke with several inmates and staff about PREA, in relation to how to report, and who they could call if they wanted to keep it confidential. In relation to the two sexual abuse cases noted, one case was determined through investigation to be unsubstantiated, and the other case was determined to be unfounded, after it was learned that the inmate who made the allegation admitted to having only made the allegation in hopes of getting transferred. Since the mission change to an all male facility in April 2014, there have been no allegations of Sexual Abuse or Harassment. There was one area of concern, which was a lavatory with a blind spot that would make it difficult for staff to see if there was anyone in that location. This was brought to the attention of the Warden, and on the second day of the audit, a mirror was installed, and that area is now visible from the doorway.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

FCI Danbury is a low security institution designed to house 946 male inmates. It has strengthened perimeters (double fences with electronic detection systems), and two types of housing, cell-type and dormitory style. The Satellite Camp is a minimum security institution, that has dormitory style housing designed to house 155 female inmates. The institution is located on the outskirts of Danbury, in southwestern Connecticut, 70 miles from New York City. There is approximately 408,000 square feet under roof, consisting of 55 buildings. The site is approximately 348 acres, with 25 acres within the secure perimeter. There are 14 staff residences. Majority of the offenders are confined for drug offenses (54%) or burglary, larceny or property offenses (32%).

In 1938, U.S. Attorney General Homer Cummings endorsed a decision to construct a minimum security level facility in the Northeast quarter of the United States, in Danbury, Connecticut. FCI Danbury was completed in 1940, as a Works Project Administrator (WPA) project, at a cost of approximately \$1.4 million. The design capacity was rated for 511 inmates. On August 6, 1940, the first inmates arrived at the institution. FCI Danbury served as a male facility until a mission change in 1944 converted the inmate population from male inmates to female inmates. FCI Danbury again under a mission change in 2013-2014, converting the inmate population back to male inmates.

FCI Danbury opened an adjacent satellite Federal Prison Camp (FPC) in 1980. In 1988, the camp underwent a mission change, converting from male to female inmates.

### **Mission**

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments in prisons and community based facilities that are safe, humane, cost efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

Having a mission statement is only the beginning. The Bureau can successfully carry out this mission because its operations are firmly grounded in a set of common values, functional goals, and a clear vision of the Bureau's organizational and individualized responsibilities.

### **Vision Statement**

The Federal Bureau of Prisons, judged by any standard, is widely and consistently regarded as a model of outstanding public administration, and as the best value provider of efficient, safe and humane correctional services and programs in America.

### **Core Values**

The core values of the Federal Bureau of Prisons are: **Correctional Excellence, Respect, and Integrity.**

## **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Non-applicable: 1

### **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P3420.11 (employees), 5270.09 (inmates) and 5324.11 address this standard.

### **§115.12 - Contracting with other entities for the confinement of inmates**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Federal Bureau of Prisons currently administers 185 Residential Reentry Center (RRC) contracts. All of the RRC contracts were modified to incorporate PREA standards. The FBOP currently administers 14 private contract facilities. As of February 1, 2013, all 14 of the private prison contracts were modified to incorporate the PREA language to the Performance Work Statement (PWS), Section I, Security and Control under the title "Sexual Assault." Specifically, the language reads "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent, detect, and respond to prison rape as contained in 28 CFR Part 115." This standard is in compliance.

### **§115.13 – Supervision and Monitoring**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PS 3000.03, pages 8-12; Workforce Utilization Committee Meeting; Work Programming Meeting; PREA Annual Assurance Audit Memo, Current Staffing Plan, Current Staffing Report, Meeting minutes/logs showing staffing plan is reviewed/discussed annually to ensure compliance with PREA, IDO Procedures Memorandum, page 7, Unannounced Rounds sheet/log, all address this standard.

### **§115.14 – Youthful Inmates**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

N/A, no youthful offenders

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

P5324.11 (1-6-2014) page 18, IS 53424.11A, page 1, addresses this standard. No cross gender pat searches, strip searches, or cavity searches have been conducted.

### **§115.16 – Inmates with Disabilities and Inmates who are Limited**

## English Proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PS 5324.11 pages 20&21, IS 5324.11A addresses this standard. Language line is available and staff, are designated to address inmates who have physical or mental disabilities. Staff and inmate interviews all supported that inmates would not be relied on as translators.

## §115.17 – Hiring and Promotion Decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PS 3000.03 Pages 9, 28, & 41-45, PS 3420.11 pages 6 & 7, Pre-Employment Guide page 2, SF85P page 1, and BOP recruitment Flyer page 1, and the interview with Human Resources and general interviews with staff support all aspects of this standard. This standard is addressed Centrally, not at the facility level.

## §115.18 – Upgrades to Facilities and Technology

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

There have been no expansions or modifications of existing facilities. Addition of cameras would consider inmate safety. FCI Danbury is in the process of installing and additional 64 cameras throughout the facility.

## §115.21 – Evidence Protocol and Forensic Medical Examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PS 6031.03 pages 42 & 43, Health Services Procedural Manual page 78, IS 5324.11A page 4, Psychologists License, Logs/Reports showing qualified staff member accompanied victim, or memo if no instances, all address this standard. Safe examinations are conducted through a contract with the local hospital.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 44 – 46, address this standard.

### **§115.31 – Employee Training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PS 5324.11 pages 14, 15, 25,26 & 27, IS 5324.11A Page 2, Current Annual Training Lesson Plan, Training Sign-In Sheet Acknowledging receipt and Understanding Training, and Training Curriculum, all address this standard.

### **§115.32– Volunteer and Contractor Training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Current Annual Training Lesson Plan (sexually Abusive Behavior Prevention and Intervention), addresses this standard.

### **§115.33 – Inmate Education**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 27 & 28, A&O Handbook (English and Spanish), Copy of BP S518.052, address this standard. Offenders interviewed indicated through their answers to questions that they have been made aware of the requirements of this standard, and through interviews, it was validated that the offenders knew about notices posted in the housing units with contact phone numbers.

#### **§115.34 – Specialized Training: Investigations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 page 29, Training Curriculum, Investigative Intelligence Training Records, Tru-Intel Investigative Report Training, does address this standard. All facets of this standard have been met. This was validated through policy and memos.

#### **§115.35 – Specialized training: Medical and mental health care**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Current Annual Training Lesson Plan, (Sexually Abusive Behavior Prevention and Intervention), addresses this standard. This standard is met, all forensic examinations would be performed at an outside hospital.

#### **§115.41 – Screening for Risk of Victimization and Abusiveness**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 30-36 & 50, and Intake Screening Form, addresses this standard. Screening takes place at intake, and if there are concerns, the offender is referred, and this was validated through offender interviews.

#### **§115.42 – Use of Screening Information**

☐ Exceeds Standard (substantially exceeds requirement of standard)



☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11, pages 25, 26, 27 & 34, IS5324.11A page 2, address this standard. Information is computerized as well as treatment plans with the psychology department.

### **§115.43 – Protective Custody**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 34 & 35, address this standard. As of this date, no offender has been placed in involuntary segregation.

### **§115.51 – Inmate Reporting**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

PS 3420.11 pages 5 & 6, PS 5324.11 Pages 36 & 37, IS5324.11A Page 1 & 2, in addition there are multiple ways for staff as well as offenders to report incidents privately. This was confirmed through interviews with both staff and offenders.

### **§115.52 – Exhaustion of Administrative Remedies**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P1330.18 pages 1, 2, 3, 6, 7, 14, 15, & 16, address this standard. No grievances have been filed in relation to this standard.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 page 37, and A&O Handbook page 96, addresses this standard. All of the offenders that were interviewed expressed that they were aware of an outside entity that they could contact if necessary.

### **§115.54 – Third-Party Reporting**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The BOP has a web site where complaints can be filed, and this was confirmed through interviews with offenders.

### **§115.61 – Staff and Agency Reporting Duties**

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11, pages 38 & 39 addresses this standard. Interviews with staff confirm compliance with this standard

### **§115.62 – Agency Protection Duties**

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 page 39, addresses this standard. Interviews with staff and offenders validated that there is protection for them as related in the standard.

### **§115.63 – Reporting to Other Confinement Facilities**

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 page 40 addresses this standard. This standard is being followed as required.

### **§115.64 – Staff First Responder Duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 40 & 41, address this standard. Interviews with staff reflected that staff first responders are trained in the requirements of this standard.

### **§115.65 – Coordinated Response**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy addresses this standard as well as the institutional supplement.

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Central office reported there has been no collective bargaining agreement entered into or renewed since August 2012.

### **§115.67 – Agency protection against retaliation**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 43 & 44, IS5324.11A Pages 1, 5 & 6, address this standard. Through interviews, it was validated that there is a process in place for monitoring retaliation.

### **§115.68 – Post-Allegation Protective Custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 35 & 44 addresses this standard. There have been no instances of retaliation that would require placement in protective custody.

### **§115.71 – Criminal and Administrative Agency Investigations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 44, 45 & 46 address this standard. A review of domestic investigations and operations guide for the FBI, 2011, demonstrates that FBI agents have training and guidelines in accordance with investigation requirements. OIG training for PREA was implemented in January 2014. At the time of this audit, the facility has not had any incidents warranting an FBI or OIG investigation relevant to a complaint of sexual abuse.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 page 46, addresses this standard. Meeting the requirements of this standard was validated through interviews with facility investigators.

### **§115.73 – Reporting to Inmate**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 46 & 47, OIA Annual Report for Fiscal Year 2012, and PREA Log, address this standard. Documentation provided to the auditor indicated that where applicable, offenders would be informed of the results of the investigation. There were two investigations conducted prior to the mission change of the facility, and in both cases, the inmate was informed through memo of the results of the investigation.

### **§115.76 – Disciplinary sanctions for staff**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

PS 3420.11 pages 6 & 7, address this standard. There have been no disciplinary sanctions against staff at FCI Danbury.

### **§115.77 – Corrective action for contractors and volunteers**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

PS 3420.11 pages 6 & 7, and volunteer and contractor PREA education. There have been no reports against any contractors or volunteers.

### **§115.78 – Disciplinary sanctions for inmates**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 page 49, addresses this standard. This standard is understood by offenders, as determined through interviews.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 pages 30, 31, 33 & 50, and Health secondary Materials (Logs), addresses this standard. This standard is being followed, as determined through offender interviews.

### **§115.82 – Access to emergency medical and mental health services**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

P5324.11 Pages 23 & 52, and A&O Handbook page 50, address this standard.  
Documentation provided show access to emergency medical and mental health services.  
Processes were validated through staff interviews.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

PS 5324.11 Page 52, and through interviews with medical staff validate that this standard is being met. Ongoing services are provided by, both the medical and mental health departments.

### **§115.86 – Sexual abuse incident reviews**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

PS 5324.11 pages 53 & 54, and documentation provided indicates that the requirements of this standard are being met.

### **§115.87 – Data Collection**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

PS 5324.11 pages 55 & 56. There have been two incidents when the facility was a female facility, but since the mission change, there have been no incidents, but the facility has a process in place to meet the requirements of this standard.

### **§115.88 – Data Review for Corrective Action**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This standard is being met. This is supported by the auditors' interview with the facility PREA Compliance Manager.

**§§115.89 – Data Storage, ☐ Publication, and Destruction ☐**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

PS 5324.11 pages 57 & 58, address this standard. This is supported by the auditors' interview with the facility PREA Compliance Manager.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

James H. Allen

September 20, 2014

Auditor Signature

Date